

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: <u>The Ford Foundation</u> Address: <u>320 East 43rd Street</u> City: <u>New York,</u> State: <u>NY</u> Zip Code: <u>10017</u> County: <u>New York</u> Site Location: <u>C-3 - Roof</u> Building Size (square feet): <u>287500</u> # of Floors: <u>12</u> Age in Years: <u>88</u> Present Use: <u>Commercial</u> Prior Use: _____							
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: <u>The Ford Foundation</u> Address: <u>320 East 43rd Street</u> City: <u>New York</u> State: <u>NY</u> Zip Code: <u>10017</u> Contact: <u>Richard Sayers</u> Telephone: <u>(212) 573-5257</u> Fax: _____ Removal Contractor Name: <u>Abatement Unlimited, Inc.</u> Address: <u>4332 Bullard Avenue</u> City: <u>Bronx</u> State: <u>NY</u> Zip Code: <u>10466</u> Contact: <u>John Barone</u> Telephone: <u>(718) 994-1374</u> Fax: <u>(718) 994-3793</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____ Fax: _____							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <u>Asbestos survey performed by WCD Group.</u>							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	305597						
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>10/17/16</u> Complete: <u>10/01/17</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7AM-12AM	7AM-12AM	7AM-12AM	7AM-12AM	7AM-12AM		

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: Renovation of floors C-3 - Roof		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Wet removal with engineering controls.		
XII.	Waste Transporter #1 Name: <u>Vandan Disposal</u> Address: <u>1009 Glen Cove Avenue</u> City: <u>Glen Head</u> State: <u>NY</u> Zip Code: <u>11545</u> Contact: <u>Vito Pesce</u> Telephone: <u>(718) 991-2828</u> Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>Minerva Enterprises</u> <u>110 Sand Co. Bethpage/Spagnoli Rd, Melville NY 11704 631 249-4108</u> Address: <u>9000 Minerva Road</u> City: <u>Waynesburg</u> State: <u>Ohio</u> Zip Code: <u>44688</u> Contact: _____ Telephone: <u>(330) 866-3435</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Clean-up using HEPA vacuum and wet wiping.		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Signature of Owner/Operator _____ Date _____ Type or Print Name and Title </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Signature of Owner/Operator 09/12/16 Date John L. Barone, Senior Project Manager Type or Print Name and Title </div>		